

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 1:20-CR-199
DEFENDANT MICHAEL T. MANN	TYPE OF PROCESS Arrest- Forfeiture

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

ANTOINETTE T. BACON, Acting United States Attorney, NDNY  
James T. Foley Courthouse  
445 Broadway  
Albany, New York 12207

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

Fold

Please arrest the property and place in your custody.

(20-FBI-001657) Bank of America Acct. ending in #9506

(20-FBI-001652) Bank of America Acct. ending in #6843

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

s/ Emily C. Powers/jlf

518-431-0247

9/14/2020

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>1</u>	District of Origin No. <u>52</u>	District to Serve No. <u>52</u>	Signature of Authorized USMS Deputy or Clerk <u>Y. Bygonesh</u>	Date <u>12-19-22</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*

Date 12-19-22 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy  
[Signature]

Service Fee <u>65.00</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>65.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

In USMS custody since 1-29-20.

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00